

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

9/831301

FILING DATE

APPLICANT(S)

3/24/05

10-77-05

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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39	/		/			
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41	/		/			
42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47						
48						
49						
50						
TOTAL IND.	10		11			
TOTAL DEP.			0			
TOTAL CLAIMS	10		11			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						